

Educational Sheet for E&M with Osteopathic Manipulation Treatment



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Evaluation & Management (E&M) with Osteopathic Manipulation Treatment (OMT)

CPT® codes 98925-98929 describe Osteopathic Manipulation Treatment (OMT). OMT is a hands-on treatment that consists of moving muscles and joints using different techniques such as stretching, gentle pressure and resistance applied to body regions: head, cervical, thoracic, lumbar, sacral, pelvic, lower, upper extremities, rib cage, abdomen, and viscera.

If a procedure has a global period of 000 or 010 days, it is defined as a minor surgical procedure. (Osteopathic manipulative therapy and chiropractic manipulative therapy have global periods of 000.) In general, E&M services on the same date of service as the minor surgical procedure are included in the payment for the procedure. The decision to perform a minor surgical procedure is included in the payment for the minor surgical procedure and shall not be reported separately as an E&M service. However, a significant and separately identifiable E&M service unrelated to the decision to perform the minor surgical procedure is separately reportable with modifier 25. The E&M service and minor surgical procedure do not require different diagnoses. If a minor surgical procedure is performed on a new patient, the same rules for reporting E&M services apply. The fact that the patient is “new” to the provider/supplier is not sufficient alone to justify reporting an E&M service on the same date of service as a minor surgical procedure. The N National Council on Compensation Insurance (NCCI) program contains many, but not all, possible edits based on these principles.

In addition, per NCCI, Centers from Medicare and Medicaid Services (CMS) often publishes coding instructions in its rules, manuals, and notices. Physicians must use these instructions when reporting services.

The CPT® Manual also includes coding instructions which may be found in the introduction, individual chapters, and appendices. In individual chapters, the instructions may appear at the beginning of a chapter, at the beginning of a subsection of the chapter, or after specific CPT® codes. Physicians should follow CPT® Manual instructions unless CMS has provided different coding or reporting instructions.

According to NCCI, the CPT® Manual defines modifier 25 as a “Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service.” Modifier 25 may be appended to an evaluation an E&M CPT® code to indicate that the E&M service is significant and separately identifiable from other services reported on the same date of service. The E&M service may be related to the same or different diagnosis as the other procedure(s).

Modifier 25 may be appended to E&M services reported with minor surgical procedures (with global periods of 000 or 010 days) or procedures not covered by Global Surgery Rules (with a global indicator of XXX). Since minor surgical procedures and XXX procedures include pre- procedure, intra-procedure, and post procedure work inherent in the procedure, the provider/supplier shall not report an E&M service for this work. Furthermore, Medicare Global Surgery Rules prevent the reporting of a separate E&M service for the work associated with the decision to perform a minor surgical procedure regardless of whether the patient is a new or established patient.

Per CPT® Assistant: Osteopathic manipulative treatment is a form of manual treatment applied by a physician to eliminate or alleviate somatic dysfunction and related disorders.

As stated in the OMT guidelines in CPT®, an E&M service may be reported separately using modifier 25 if the patient's condition requires a significant, separately identifiable service, above and beyond the usual pre-service and post-service work associated with the procedure.

Clinical Examples

- **Pay Examples:**
 - A patient presents with a newly diagnosed complaint of dizziness. An evaluation is performed, as well as OMT, as a new plan of treatment is initiated. An E&M would be appropriate to report with the OMT service.
 - A patient presents for OMT for previously diagnosed complaints. Based on the patient's current condition, the Home Exercise Program (HEP) is revised.
- **Deny Example:**
 - The same patient returns two weeks later for continued manipulative therapy. There is no change in condition and the provider applies manipulative therapy to the same regions previously treated. An E&M would be denied as bundled into the OMT service.

Additional References

NCCI Policy Manual CPT® Assistant

AMA CPT® Professional Edition